

SMD

SLATE

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## SLATE MAILER LATE PAYMENT REPORT

Slate Mailer  
Late Payment ReportType or print in ink.  
Amounts may be rounded to whole dollars.**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California**CALIFORNIA FORM 498**

For Official Use Only

☐ Amendment No. \_\_\_\_\_

OCT 31 2008

Report No. \_\_\_\_\_

**DEBRA BOWEN**  
**Secretary of State**

12

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

San Francisco Women for Common Sense Govt.

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

CITY

STATE

ZIP CODE

415 913 1601 mary.jung@sfwcc.com 1312927 San Francisco CA 94131

## Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Pacific Gas &amp; Electric Co.

ADDRESS

CITY

STATE

ZIP CODE

SF, CA 94105

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

AMOUNT

10/31/08

\$ 5,000

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☒ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

1/2

NO. 9075 P. 2

Oct 31 2002 8:10

OCT. 31. 2008 7:10AM

SLATE

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R

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Report No. \_\_\_\_\_

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

San Francisco Women for Common Sense Govt.

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

CITY

STATE

ZIP CODE

415 973 1601

Mary Jane St  
@wfsf.com

1312927

San Francisco

CA

94131

**Late Payment(s) Received From:**

NAME

I.D. NUMBER (if applicable)

San Francisco Chamber  
of Commerce 21st century  
Committee

891575

ADDRESS

STATE ZIP CODE

SF, CA 94104

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

AMOUNT

10, 30, 08

\$ 20,000

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

Committee to Rebuild  
General Hospital Prop A

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$10,000-

NAME OF CANDIDATE OR BALLOT MEASURE:

Committee to Stop the  
Blank Check, No on H

☐ SUPPORT

☒ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$10,000-

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

2/2

SMO

NO. 9075 P. 3

8:11

OCT 31 2002

OCT. 31. 2008 7:10AM